

**HARFORD COUNTY HEALTH DEPARTMENT  
P. O. BOX 797  
120 HAYS STREET  
BEL AIR, MARYLAND 21014-0797  
443-643-0305/410-879-2684  
FAX # 443-643-0333**

APPLICATION FOR A SPECIAL TEMPORARY PERMIT  
TO OPERATE A FOOD SERVICE FACILITY (COMAR 10.15.03)

**\*\*\*\*CATERERS – ENCLOSE COPY OF HEALTH DEPARTMENT LICENSE\*\*\*\***

<u>NAME OF ESTABLISHMENT/ORGANIZATION</u>	
<u>CATERER'S NUMBER</u>	<u>YOUR FAX NUMBER</u>
<u>LOCATION &amp; MAILING ADDRESS</u>	
<u>CONTACT PERSON</u>	<u>HOME/WORK PHONE</u>
<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
<u>BEST TIME TO CALL</u>	
<u>DATE OF ACTIVITY</u>	<u>EVENT ASSOCIATED WITH</u>
<u>SET UP TIME</u>	
<u>SITE OF FOOD SERVICE</u>	
<u>SOURCE OF WATER SUPPLY</u>	
<u>METHOD OF SEWAGE DISPOSAL</u>	
<u>METHOD OF REFUSE DISPOSAL</u>	
<u>TYPE OF HANDWASHING FACILITIES</u>	
<u>WILL A LIQUOR LICENSE BE APPLIED FOR?</u>	
<u>MENU/FOOD ITEMS TO BE SERVED</u>	
<u> </u>	
<u>SIGNATURE OF APPLICANT</u>	

**Applications must be filed at least ten days in advance of the event for which you are making application. The fee is \$25.00 per event\*.**

**Permits will not be issued until the fee is paid. Payment MUST be by money order or check only, made payable to HARFORD COUNTY.**

**\* There is no fee for non-profit organizations.**

-----  
**OFFICIAL USE ONLY**

<u>I.D. NUMBER</u>	<u>DATE ISSUED</u>
--------------------	--------------------

<u>APPROVED BY</u>
--------------------